Service Canada

PROTECTED B (when completed)

Personal Information Banks
ESDC PPU 116, 146

Certificate of Incapability

Information about the Old Age Security and/or Canada Pension Plan beneficiary

Beneficiary's Social Insurance Number

◯ Mr. ◯ Mrs. ◯ Ms ◯ Miss Usual First Name and Initial	Last Name	
Address (No., Street, Apt., P.O. Box, R.R. and City)	Province or Territory	
	Country - If other than Canada	Postal Code

Note: If you are applying on behalf of an individual who is homeless or at imminent risk of being homeless please enter the community where the individual resides.

Please note that, to be considered incapable of managing his/her own affairs, a person must be suffering from severe mental impairment or a physical illness or impairment. (Please refer to the questions below.) If you are related by blood or marriage to the incapable individual or to the person applying to administer the benefits of the incapable individual, you cannot certify the individual's incapability.

Does the person named above have:

1. Good **general knowledge** of what is happening to their money or investments?	◯ Yes ◯ No	Comments
2. Sufficient **understanding** of the concept of time, in order to pay bills promptly?	◯ Yes ◯ No	Comments
3. Sufficient **memory** to keep track of financial transactions and decisions?	◯ Yes ◯ No	Comments
4. Ability to **balance** accounts and bills?	◯ Yes ◯ No	Comments
5. Significant **impairment of judgement** due to altered intellectual function?	◯ Yes ◯ No	Comments

In addition:

6A. How long have you known this person?	**6B.** Please state this person's date of birth.
7. Do you consider this person **capable** of managing their own affairs? ◯ Yes ◯ No	**If no**, is improvement expected? (Provide date)

Complete questions 8 and 9 if you are a medical professional (Physician, Registered Nurse, Nurse Practitioner, Psychologist, or Psychiatrist).

8. Diagnosis of impairment	Date impairment started
9. Comments	

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

Beneficiary's Social Insurance Number

Complete questions 10 and 11 if you are a designated non-medical professional (social worker, lawyer or member of the clergy).

10. Description of impairment	Date impairment started
11. Comments	

To be completed by both medical and designated non-medical professionals, if certifying the incapability of a senior who is homeless or at imminent risk of being homeless.

12. Please complete the following certification:

I am a member in good standing of _____

(Name of Professional Association / Organization)

Membership/Registration Number: _____

Note: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Name and signature of designated individual (medical professional, social worker, lawyer or member of the clergy) completing this form.

First name (print)	Middle name	Last name (s)	Profession

Address (No., Street, Apt., P.O. Box, R.R.)	City, Town or Village	
Province or Territory	**Country other than Canada**	**Postal Code**

Telephone number during the day	**Signature**	Date (YYYY-MM-DD)